

PRV – Call Center Printing a Remittance Advice (RA)

Purpose:

The objective of this procedure is to print a duplicate remittance advice at the provider's written request. The provider will submit a request in writing for a duplicate remittance advice. The Customer Service Representative/Team leader will locate and print the remittance advice through OnBase Client. The remittance advice will be mailed to the pay-to address listed on Medicaid Management Information System (MMIS).

Identification of Roles:

Lead Quality Assurance (QA) COORDINATOR, TRAINER, SUPERVISOR, MANAGEMENT.

Performance Standards:

80% service level, abandon rate, calls answered, calls received, average queue time (AQT).
Resolution in a timely manner (5 Business Days).

Path of Business Procedure:

Step 1: Log into OnBase Client to view correspondence

- a. Pull correspondences from Life Cycle Tab, folder "PRV02"-correspondence into my desk and double click to view.

Step 2: Correspondence indicates provider-requesting Remittance Advice (R.A.)

Step 3: Minimize "Life Cycle" application and work with "Document Retrieval" application in OnBase

- a. In "Document Retrieval" application
- b. Under "Document Type Group", highlight "Cold Reports"
- c. Under "Document Types", highlight "CR Claims Process"
- d. Under "Keywords", Report ID field, type in "IAMC8000-R001"
- e. Under "Keywords", Report As Of Date, type in remit date (pd. Date) then click Find

Step 4: Find Remit

- a. Hit Control F3. A display box will open
 1. Type in the Provider # or RA # and click Find, then Exit

Step 5: Write on a piece of scratch paper beginning page of RA ending page of the RA

- a. Go to "File", "Print"
 1. In Print Range, type in the beginning and ending page. (Do not select "Print All" option, this will result in printing all RA documents for that Pay Cycle)

Step 6: Mail RA to provider

- a. If remit is 1-199 pages, print on local printer and pick up by CSR to be mailed
- b. If RA request is over 200 pages, fill out manual form with provider #and forward to Unit Lead who will submit to Core Unit to print document

Forms/Reports:

Remit Reprint Request Form Greater than 200 Pages.

RFP References:

6.4.2.3.b

6.4.2.3.c

Interfaces:

OnBase

MMIS

Providers

Unit Lead

Attachments:

Remit Reprint Request Form Greater than 200 Pages

Process Map

Attachment A

PROVIDER SERVICES
REMIT REPRINT REQUEST FORM GREATER THAN 200 PAGES
REPORT ID: IAMC8000-R001
COST CENTER: 0001 413 2894 02
Please E-mail completed form to your Unit Lead

Date:

CSR:

Provider Services has received a request for a duplicate Remit. Please print **one copy** of the following Remit.

| Provider Number | Remit Number | Remit Date |
|-----------------|--------------|------------|
| | | |

UNIT LEAD: Attach this form to your e-mail to the Core Help Desk at

imecorehelpdesk@dhs.state.ia

